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COUNTRY NOTE**

Equatorial Guinea

SUMMARY

The Executive Director presents the country note for Equatorial Guinea for a programme of cooperation for the period 1999-2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Situated in the Gulf of Guinea, Equatorial Guinea is a small Spanish-speaking country consisting of a mainland enclave and five islands. This geographic situation and the country's weak infrastructure cause considerable communication and logistic problems. The 400,000 inhabitants have an annual population growth rate of 4 per cent (1980-1996). Following independence in 1968, the country was subjected to an 11-year violent period marked by economic and social decline, which drained it of its scarce human resources. The subsequent Government has restored order and adopted economic and social development policies. But problems of governance, heavy external debt, economic stagnation and soaring inflation have contributed to increasing poverty. The gross national product is $380 per capita (1995), and there are large disparities in income distribution. The recent discovery and exploitation of petroleum in the country will bring increased income, but it is as yet unclear how much revenue will accrue to the Government as a result.

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* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

2. Survival indicators best illustrate Equatorial Guinea's situation. The infant mortality rate (IMR) decreased from 143 per 1,000 live births in 1980 to 113 in 1995 and the under-five mortality rate (U5MR) from 243 to 175 per 1,000 children in the same period. Immunization coverage is approximately 81 per cent for the vaccines of the expanded programme on immunization. The leading causes of infant and child mortality are malaria, anaemia, diarrhoea and acute respiratory infections (ARI). The maternal mortality rate (MMR) is 820 per 100,000 live births according to UNICEF/World Health Organization (WHO) estimates, although the government estimate is 350. The major causes of maternal mortality are complications related to childbirth (toxaemia, haemorrhage, infections) and abortions. About 60 per cent of deliveries take place at home. These problems are exacerbated by the country's inefficient health care system. Within one year (1994-1995), the number of registered AIDS cases tripled (from 59 to 157).

3. National statistics show that access to potable water increased from 20 per cent in 1993 to 33 per cent in 1996 (53 per cent in urban areas and 20 per cent in rural areas). Sanitation coverage is about 28 per cent (50 per cent urban/13 per cent rural), and is lower in the mainland (17 per cent) than on Bioko Island (61 per cent). One third of children aged 3-6 years are at pre-school. Primary school net enrolment rates are relatively high, at about 86 per cent for boys and 75 per cent for girls, according to the Government. However, the quality of education is poor. There are problems of late entry, shortages of teachers and educational materials, crowded classrooms and high drop-out rates. Only 9 per cent of girls in school complete grade 5 because of heavy domestic chores, early marriage and pregnancy. Estimates of female illiteracy vary from 32 per cent according to United Nations sources, to 60 per cent according to the Government. This situation also underlines the need for improved social statistics.

4. Equatorial Guinea ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1984 and the Convention on the Rights of the Child in 1992. The national plan of action concentrates on service delivery to achieve child survival goals. Other problems affecting children and women include economic and social exploitation and physical violence. Participation is affected by socio-cultural practices. Women have little access to resources and power. Barely one third of civil servants are women, occupying mostly subordinate positions.

LESSONS LEARNED FROM PAST COOPERATION

5. The mid-term review held in June 1996 underlined a number of lessons learned. The country programme has made considerable achievements, especially in the areas of child health and pre-school education. However, the programme should continue strengthening government and local capacities beyond service delivery to reinforce sustainability. Activities should be complemented by social mobilization to increase community and individual awareness of problems and introduce behavioural changes. The review stressed that even within the same area (i.e., health), the different projects were primarily vertical. The convergence of projects and activities will create greater impact. The review also underlined the need for enhanced national and local capacities, especially with regard to programme planning, implementation, monitoring and evaluation, in the context of institutional reforms to consolidate decentralization efforts.

6. Overall, there is a need for better coordination between United Nations agencies and bilateral partners in order to avoid duplication of efforts and to develop common approaches. The promotion of a Common Country Assessment (CCA)

and a United Nations Development Assistance Framework may be an opportunity. Cost-effective mechanisms to improve social statistics will also give possibilities to converge efforts, as well as provide a common basis for advocacy and social policy planning.

7. The involvement of beneficiaries and non-governmental organizations (NGOs) should be strengthened and expanded, based on the programme's success to date. Notwithstanding poverty, communities were able to contribute about one fifth of the cost of construction of pre-school centers, latrines and wells, and to enhance the provision of some basic health services by traditional birth attendants. The communities also contributed to the cost recovery of 80 per cent and 70 per cent respectively for essential drugs and impregnated mosquito nets.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The proposed country programme is being prepared in close collaboration with the Government, United Nations agencies and other donors in a joint effort to ensure that the special needs of children and women are given priority in planning and implementation of socio-economic policies. The programme is therefore situated within the framework of the two Conventions and the Government's Medium-Term Development Strategy (1997-2001), which gives priority to social sectors that can improve the well-being of children and women in the immediate future. The First National Forum on the Rights of the Child and the Children's Parliament both gave children an opportunity to express their views and facilitated the mobilization of political will in favour of priority social sectors.

9. The goal of the country programme is to contribute to the realization of children and women's rights to survival, development, protection and participation. The objectives are to contribute to the following national social development objectives: (a) reduce IMR and U5MR to 85 and 140 per 1,000 live births, respectively; (b) reduce MMR by 20 per cent; (c) increase the female literacy rate by 10 per cent; (d) reduce disparities in coverage of potable water and sanitation between the mainland (Rio Muni) and Bioko Island by 20 per cent; and (e) establish an effective social information system to monitor social development indicators.

10. The main strategic thrusts will be the strengthening of national and local capacities in programme planning, implementation, monitoring and evaluation; empowerment of the communities and civil society to make their participation in development more effective; targeted service delivery to reach the neediest children and women with the aim of reducing disparities and poverty; and enhanced advocacy and social mobilization buttressed by reliable social statistics to promote social policies. With the United Nations Development Programme and other partners, UNICEF will support the Government in the decentralization process.

11. The country programme will consist of three programmes. The primary health care (PHC) programme will aim to reduce maternal and child mortality due to malaria, diarrhoea, anaemia and ARI, through the strategy of the Bamako Initiative. In collaboration with WHO and the United Nations Population Fund, UNICEF will assist the Government to implement the strategy of integrated management of childhood illnesses and improve the minimum health care package, including support for an efficient referral system, especially for obstetrical emergencies. The supply of impregnated mosquito nets and health education are the main strategies for malaria control. UNICEF will strengthen community

participation in these efforts, train health staff and strengthen social mobilization and health education for disease prevention. The health information system will be integrated in each of the PHC components.

12. The community development programme will address pre-school and primary education, potable water and basic sanitation. UNICEF will continue to support delivery of pre-school education services nationally, in collaboration with communities and NGOs. UNICEF will assist the Government to reduce primary school drop-out rates (especially of girls), minimize disparities in enrolment between girls and boys, train teachers, develop curricula and provide educational materials to improve the quality of education. The programme will continue to support the creation of water points and facilities for excreta disposal in rural areas. Training, transfer of technology and hygiene education for the population will be strengthened by using the existing network of parent-student associations, local development committees and water point management committees. Cooperation with local NGOs in these areas will be strengthened.

13. Through the advocacy and social statistics programme, UNICEF will advocate with the executive, justice and legislative branches of Government for the adaptation of national laws to the two Conventions, and to ensure that priority is given to the needs of children and women. Support will also be given to the National Committee on the Rights of the Child for monitoring of and reporting on the implementation of the Convention on the Rights of the Child. Nationwide social mobilization with effective new communication media (e.g., radio and television), national forums and seminars will be strengthened in order to create public awareness about health-related issues and about the two Conventions to introduce behavioural changes. The programme will also support the development and strengthening of national capacities for collecting, analyzing and disseminating social statistics, as well as for monitoring and evaluation. UNICEF will cooperate with other United Nations agencies to develop a CCA and probably formulate a United Nations Development Assistance Framework, under the leadership of the resident coordinator.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Primary health care	1 160	1 500	2 660
Community development	1 380	2 000	3 380
Advocacy and social statistics	785	250	1 035
Total	3 325	3 750	7 075

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.